

Surprises in both tubes: A case report of spontaneous bilateral tubal ectopic pregnancy

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ABSTRACT

Introduction: Ectopic pregnancy, also known as extrauterine pregnancy, is commonly implanted commonly in the fallopian tube followed by interstitium, ovary and abdomen. We report a case of bilateral tubal pregnancy, in which ectopic pregnancy occurred in one of the fallopian tubes followed by another tubal pregnancy on the opposite side within weeks. **Case Description:** This 35-year-old lady, gravida 3 para 2, with spontaneous conception, presented with painless vaginal bleeding. She was found to have a right adnexal mass on ultrasonography. She was managed conservatively as an outpatient with gradually dropping serial beta human chorionic gonadotrophin (β -hCG) levels within the expected range in one month. Nevertheless, two weeks later β -hCG level rebounded with high levels and with new findings of a left adnexal mass on ultrasonography. A diagnostic laparoscopy further revealed ectopic masses located at the left fallopian tube and the right cornua of uterus. Laparotomy followed with right cornuectomy and bilateral salpingectomy were done. Histopathological examination confirmed that both ectopic pregnancies were indeed implanted on bilateral fallopian tubes. **Discussion:** Bilateral tubal pregnancy is extremely rare with a reported incidence of 1 in 200,000 spontaneous pregnancies and 1 in 725-1,580 ectopic pregnancies. Nevertheless, the recurrence risk of ectopic pregnancy is high approximating 15%. Hence, a high index of suspicion with thorough examination is paramount to detect recurrent ectopic pregnancy for timely intervention.

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High grade endometrial stromal sarcoma: A case report

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ABSTRACT

Introduction: Endometrial stromal sarcoma (ESS) is a subset of uterine mesenchymal neoplasms, accounting for less than 10% of uterine sarcomas. These tumours are diagnosed by histopathological examination following hysterectomy, hence pre-operative misdiagnosis often occurs. **Case Description:** Madam R, is a 39-year-old, Para 0+2, with no significant past medical history. She presented with acute urinary retention and was referred by the Urology team for an incidental finding of cervical fibroid. She underwent bilateral ureteric stenting, total hysterectomy, and bilateral salpingectomy under the general gynaecology team. Intra-operatively, the cervical fibroid was removed in pieces. Her post-operative recovery was complicated by pulmonary embolism. Histopathology examination showed high-grade ESS. A post-operative CT scan done demonstrated a lobulated mass at the vaginal stumps with no clear plane with the rectum, and multiple enlarged abdominal and iliac lymph nodes. She was seen by the oncology team and planned for adjuvant chemo and radiotherapy. **Discussion:** ESS is occasionally diagnosed in a patient with leiomyoma of the uterus. The rate of sarcoma in patients with a symptomatic uterine mass such as abnormal uterine bleeding, compressive symptoms, infertility, and recurrent pregnancy loss is higher than those who are asymptomatic. Differentiating uterine sarcoma from benign leiomyoma is difficult and may require an additional pre-operative diagnostic procedure such as ultrasound-guided needle biopsy, other than ultrasonography or MRI. High-grade ESS is a rare aggressive type of uterine malignancy. The prognosis is generally poor, with a high risk of recurrence and metastasis as seen in this case.